

<b>Case Number:</b>	CM15-0139315		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 37-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of April 30, 2000. In a Utilization Review report dated July 14, 2015, the claims administrator partially approved a request for Norco while approving tramadol. The claims administrator referenced a July 8, 2015 RFA form and an associated progress note of July 1, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 8, 2015 RFA form, both Norco and tramadol were sought. In an associated progress note dated July 1, 2015, the applicant reported persistent complaints of foot and ankle pain reportedly attributed to arthritis. Standing, walking, squatting, kneeling, and lifting remained problematic. The applicant was using four Norco and four tramadol daily, it was reported. The attending provider stated that the applicant was using Norco upon returning home from work. The attending provider stated that the applicant had to walk extended amounts of time at work. The attending provider stated that the applicant was using supportive shoes and good work boots. The attending provider posited that the applicant was deriving appropriate analgesia from ongoing Norco usage and stated that the applicant was employed as a maintenance worker.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, when to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to full-time work, the treating provider reported on the July 1, 2015 progress note at issue. Ongoing usage of Norco was appropriately ameliorating the applicant's pain complaints associated with foot and ankle arthrosis, it was reported, and was facilitating the applicant's ability to perform prolonged standing and walking tasks, the treating provider maintained. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.